## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 01, 2002 8:00 am § Secretary of State DOCUMENT # **N94000003570** 1. Entity Name 04-01-2002 90156 036 \*\*\*\*75.00 HOPE PRESBYTERIAN CHURCH, INC. Principal Place of Business Mailing Address 1900 S TROPICAL TRAIL 886 GLADIOLA CIRCLE MERRITT ISLAND FL 32952 US ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address 2119 N. DEAN ROAD 413 CARMEL DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For URLANDO 59-3256944 MELBOURNE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIH JOHU I Street Address (P.O. Box Number is Not Acceptable) KIM, JOHN J 1846 ABBEYRIDGE DRIVE CARHEL DRIVE **MERRITT ISLAND FL 32953** Zip Code 32940 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD QQ Delete TITLE ☐ Addition ☐ Change KIM. JOHN J NAME NAME KIM, JOHN J 413 CARHEL DRIVE STREET ADDRESS 886 GLADIOLA CIR #327 STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP MELBOURNE, FL 32940 TITLE ☐ Delete TITLE Change ☐ Addition Kim, seung K 1999 delki St NW KIM, SEUNG K NAME NAME STREET ADDRESS 1777 DELKI ST NW STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP. ... PALH BAY, FL 32907 -TITLE ☐ Delete Change ☐ Addition KIM, MEE SOOK KIM, HEE SOOK NAME 413 CARMEL DRIVE STREET ADDRESS 886 GLADIOLA CIR #327 STREET ADDRESS CITY-ST-7IP HELBOHRNE, FL 32940 **ROCKLEDGE FL 32955** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if